

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 3

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

Bob

LAST

Allen

SUFFIX

OFFICE USE ONLY

Date Received

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10601 Big Horn Trail
Frisco, TX 75035

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

Bob

LAST

Allen

SUFFIX

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10601 Big Horn Trail
Frisco, TX 75035
**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(469) 667-3396

8 REPORT TYPE


January 15



30th day before election



Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

01/02/2011

07/01/2011

10 ELECTION

Month

ELECTION DATE
Day

Year

ELECTION TYPE



Primary



Runoff



General



Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code



additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

511.84

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

883.35

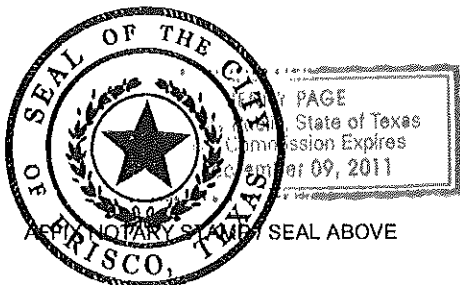
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



APPLY NOTARY SEAL ABOVE

Bob Allen

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Allen, this the 11th day
of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 3/3		2 FILER NAME Allen, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 03/16/2011		5 Payee name Collin County GOP			
6 Amount (\$) \$190.00		7 Payee address City; State; Zip Code 8416 Stacey Road McKinney, TX 75070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Collin County Lincoln Day Dinner	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/11/2011		Payee name Frisco Enterprise Newspaper			
Amount (\$) \$300.00		Payee address City; State; Zip Code 624 Krona Drive #170 Plano, TX 75074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fourth of July Booklet	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/22/2011		Payee name Manny's Grill			
Amount (\$) \$21.84		Payee address City; State; Zip Code 7210 Main Street Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Lunch	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held: